Our Elders:
Our Communities

Best Health,
Best Care, for a
Better Future

Northwest Territories Health and Social Services

May 2014 | www.hss.gov.nt.ca

Message from the Minister

I am pleased to present the Government of the Northwest Territories' strategic framework "Our Elders: Our Communities". Meeting the health care and social needs of Elders and Seniors is an essential goal for our government. Elders are deeply-respected for their knowledge and guidance, and should be given the best care and support possible. As Minister of Health and Social Services, I recognize that Seniors often require a greater level of health care than others in our communities, but we have the ability to provide this in the most responsive, comfortable and efficient way possible. Ensuring Elders and Seniors can remain in their homes and home communities allows them to keep their independence and place within the community, and gives us the ability to provide a personal and sensitive level of care to our Elders.

As Minister Responsible for Seniors, I understand that programs for Seniors must always keep in mind their unique place in our communities and reflect the interests of Seniors, their families and the community around them. We must always treat our Elders with the love and compassion they have given us throughout their lives. As we age, our health needs become greater, but by using the guiding principles of this framework, and continuing to strive to provide the best possible care, we can make sure Elders remain valuable members of our communities for a long time.

This framework, along with the Continuing Care Review and ongoing feedback from all stakeholders, will provide the Territory with a strong foundation for planning and developing further health and social programs for our Seniors and Elders, and meeting our vision of "Best Health, Best Care, for a Better Future."

Hon. Glen Abernethy
Minister, Health and Social Services
Minister Responsible for Seniors

Executive Summary

'Aging in place' refers to the ability of individuals to live in their own homes and communities for as long as possible and to have access to home and community services that will support this ability. Most Elders prefer to receive health care services and personal supports in their homes or in community-based settings that allow them to preserve their independence and quality of life while maintaining social connections with family and friends.

Elders represent the heart and soul of their communities; respected for their knowledge, experience and wisdom. It is imperative that their contribution to family, friends and community be valued and that they receive the support they need to remain active participants in society as they age.

Elders are the fastest growing age demographic in the NWT. In the next 25 years it is expected that the number of individuals 65 years and older will increase significantly. As the number of Elders increase so too will the burden placed on the health and social services system and informal caregivers. The vast majority of Elders live with one or more chronic conditions - such as, heart disease, dementia, diabetes and mental health problems – that compromise their quality of life.

The GNWT DHSS is committed to investing in the health and well-being of Elders by developing an Aging in Place Action Plan. The plan will help ensure that Elders have the supports in place to maximize their physical, mental, social, emotional and spiritual well-being while remaining at home.

VISION

"Best health, Best Care, for a Better future."

KEY PRIORITIES

- **Healthy and Active Aging**
- **Home and Community Care Services**
- **Integrated and Coordinated Service Delivery**
- **Caregiver Supports**
- **Elder Responsive Communities**
- **Accessible and Current Information**
- **Sustainable Best Practices**

This framework, which is based on a review of the national and territorial literature to date, provides recommended actions that will be used to inform the development of future Health and Social Services plans and priorities.

Table of Contents

02 Executive Summary

05 Introduction

06 An Aging Population – Canadian Context

08 The Territory

10 The Numbers

12 Our Elders

15 Impacts

16 Guiding Principles

17 Priority Areas

17 Areas for Future Action

Prepared by

DPRA

Introduction

The *Government of Northwest Territories Department of Health and Social Services Continuing Care Review*[4] recognized the development of various approaches taken across Canada to determine the future requirements for long-term care. Many of these approaches use "aging at home" or "aging in place" strategies aimed to assist Elders who wish to continue to live independently and with dignity in the comfort of their own homes with support from the family, friends and community.

> *"All Canadians should be able to age in their place of choice."*[2]

Aging in place *of choice* is defined by the Chief Public Health Officer of Canada as "the ability of individuals to choose to live in their own communities for as long as possible, and to have access to home and community services that will support this ability"[3]. Most Elders prefer to receive health care services and personal supports in their homes or in community-based settings thereby allowing them to preserve their independence and quality of life.

Aging in place reflects an integrated, person-centred approach to overall health and well-being with a strong emphasis on enhancing continuity of care. This model of care promotes physical, social, mental, emotional and spiritual well-being and recognizes the importance of both formal and informal support systems. Additionally, and importantly, aging in place does not exist only to serve Elders with existing health care needs; it also serves those who are healthy but require other supports (e.g., housing).

> *"...where people live and their ability to maintain contacts with family and friends are all part of healthy aging."*[4]

The *Continuing Care Review* put forth recommendations for strengthening the GNWT's continuing care programs and services[5]. Continuing care – those services that maintain or improve the physical, social and psychological health of Elders and individuals who for a variety of reasons may not be able to fully care for themselves – is a core component of an aging in place strategy.

This document provides the framework that will inform future plans and priorities for the NWT.

---

1 Government of Northwest Territories Department of Health and Social Services Continuing Care Review. Final – November 26, 2013.

2 Chief Public Health Officer of Canada. 2010. *Report on the State of Public Health in Canada – Growing Older – Adding Life to Years*. http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php

3 Chief Public Health Officer of Canada. 2010. *Report on the State of Public Health in Canada – Growing Older – Adding Life to Years*. http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php

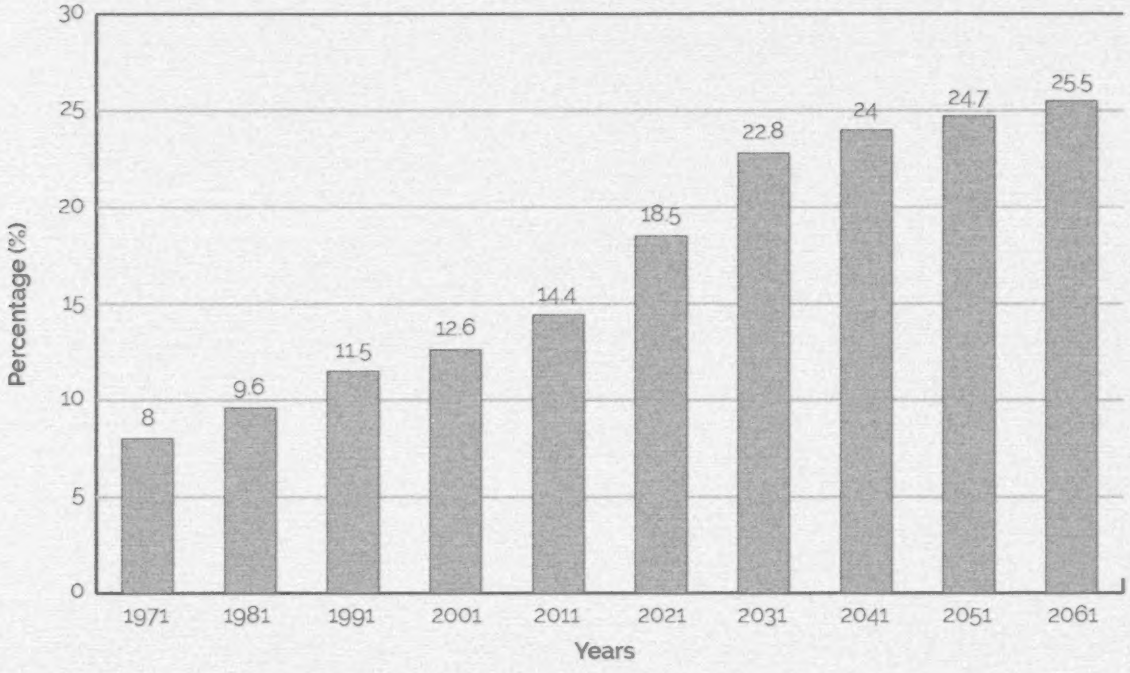
4 Alberta Health and Wellness. 2000. *Strategic Directions and Future Actions: Healthy Aging and Continuing Care in Alberta. Aging in Place Strategy Implemented: Part of Six-Point Plan for Health*, Vol 1(1) http://www.health.alberta.ca/documents/Strategic-Healthy-Aging-May-2000.pdf

5 Government of Northwest Territories Department of Health and Social Services Continuing Care Review. Final – November 26, 2013.

An Aging Population – Canadian Context

Not only is the Canadian population aging, but seniors make up the fastest-growing age group. The main reasons for the increasing proportion of seniors are a drop in the birth rate and an increase in life expectancy[6]. Statistics Canada predicts this trend will continue for the next several decades. In 2011, it was estimated that 5.0 million Canadians were 65 years of age or older; this number is expected to double in the next 25 years to reach 10.4 million seniors by 2036. By 2051, approximately one in four Canadians is expected to be 65 or over[7] (refer to Figure 1).

Figure 1: Historic (1971-2011) and Projected (2012-2061) Population 65 years and older, Canada[8]



6 Parliament of Canada. Canada's Aging Population: Impacts and Challenges. http://www.parl.gc.ca/content/lop/researchpublications/2012-12-e.htm. March 28, 2012

7 HRSDC. Canadian in Context – Aging Population. http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=33. Date modified: 2014-02-24

8 HRSDC calculations based on Statistics Canada. *Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual* (CANSIM Table 051-0001); and Statistics Canada. *Projected population, by projection scenario, sex and age group as of July 1, Canada, provinces and territories, annual* (CANSIM table 052-0005). Ottawa: Statistics Canada, 2011

An Aging Population – Canadian Context

As the number of seniors continue to grow, so too will the burden placed on the health and social service system and on family caregivers. Approximately 90% of Canadian seniors are living with at least one, and as many as four, chronic conditions including arthritis or rheumatism, hypertension, diabetes, heart disease, cancer, stroke, dementia, cataracts, glaucoma, mood disorder and anxiety disorder[9].

The Chief Public Health Officer of Canada recognized a variety of factors leading to the increase of these chronic conditions in todays' seniors[10]:

- Unhealthy weight
- Low physical activity and improper nutrition
- Misuse of medications
- Mental health issues

In order to move forward in a responsive and meaningful way, it is important that we understand the current and future challenges and opportunities surrounding Elders aging in place.

- Low financial income
- Lack of social connectedness
- Suboptimal living conditions
- Inaccessible care and services
- Unavailable resources and health information
- Lack of health literacy
- Physical, psychological and financial abuse

9 Chief Public Health Officer of Canada. 2010. *Report on the State of Public Health in Canada – Growing Older – Adding Life to Years*. http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php

10 Chief Public Health Officer of Canada. 2010. *Report on the State of Public Health in Canada – Growing Older – Adding Life to Years*. http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php

The Territory

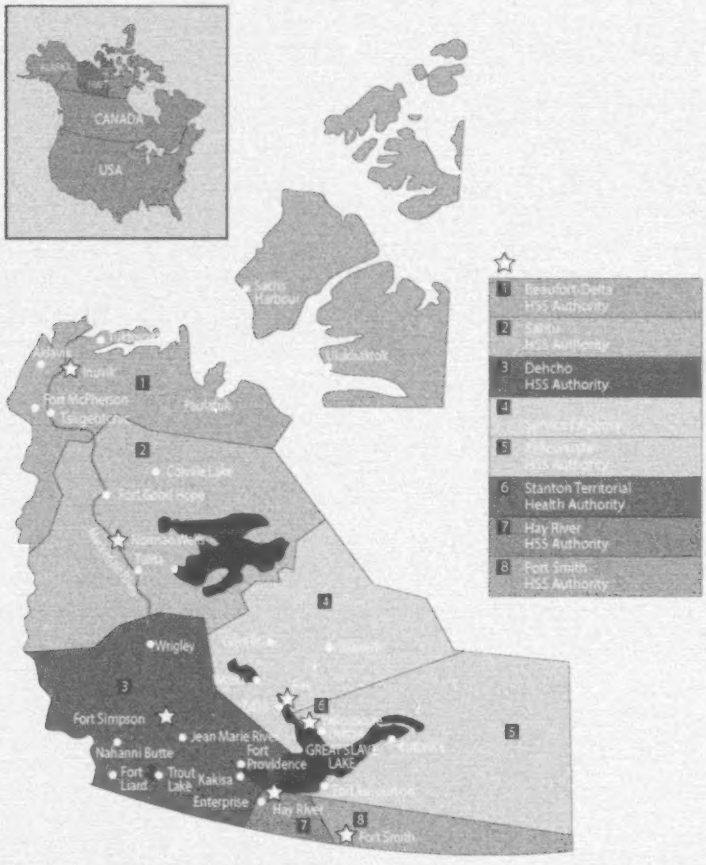
Although the NWT is comprised of a huge landmass - approximately 1,143,800 km^2 - the population is comparatively small. As of July 1, 2013 the total population was reported to be 43,537[11]. The population is distributed across 33 communities (refer to Figure 2), with almost half of all the NWT residents (46%) living in Yellowknife, 22% in regional centres (Inuvik, Hay River, and Fort Smith), and the remaining 32% in small communities.

The NWT is made up of a large population of Aboriginal peoples. Approximately 50% of the population is Aboriginal. The NWT recognizes 11 official languages and of these, nine are Aboriginal and belong to three different language families: Dene, Inuit/Inuvialuit and Cree.

Providing health and social services to residents of the NWT can be both complex and challenging due to factors such as:

- Service-related access:
  - Unequal access to available health care services across the territory
  - Limited availability of culturally and linguistically appropriate services

Figure 2: NWT Communities[12]



11 *Statistics Canada. Canada's total population estimates, 2013. September 26, 2013. http://www.statcan.gc.ca/daily-quotidien/130926/dq130926a-eng.pdf*

12 NWT Bureau of Statistics. Community Data. http://www.statsnwt.ca/community-data/index.html

The Territory

- Resource-related access:
  - Limited availability of resources (human, technology, infrastructure)
  - Difficulties recruiting and retaining qualified health and social service practitioners
- Inter-sectoral and Cross-jurisdictional issues:
  - Fragmentation of funding, management, coordination and decision making across the health and social services system (e.g., primary care, public health)
  - Differing perspectives on the roles and responsibilities of governments - federal, territorial, Aboriginal – in the planning and delivery of services and supports
- Transportation issues:
  - High cost of non-urgent and urgent transportation services
  - Limited public transportation options in small communities
- Other:
  - Low education and literacy levels
  - Overall lower health status
  - High rates of mental health problems
  - Lack of quality information and data on which to base resource decisions

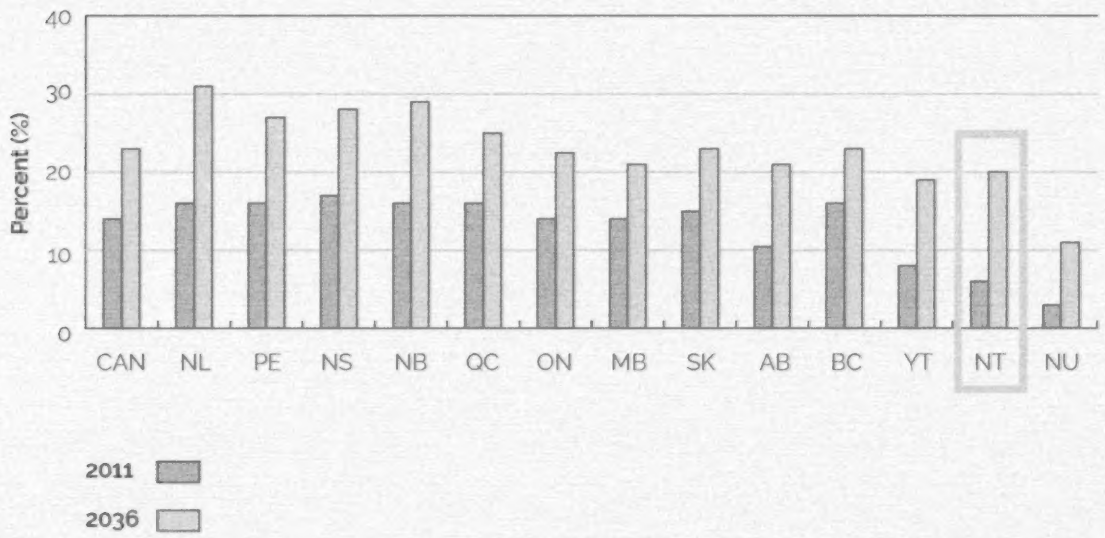
> *"It is easier for seniors to age successfully in jurisdictions where older populations have been targeted as needing special assistance."*[13]

13 Golant, S. M. 2014. Age-Friendly Communities. *Are We Expecting Too Much?* IRRP Insight, No. 5. http://www.irpp.org/assets/research/faces-of-aging/age-friendly/golant-feb-2014.pdf

The Numbers

Although lower than the national average, NWT is also an aging population. Projections reveal that the NWT will experience one of the greatest proportional increases in individuals aged 65 years and older over the next 25 years (refer to Figure 3). As noted in the 2011 NWT Health Status Report, Elders are the fastest growing age demographic in the Territory[14]. The aging population will increase the demand and utilization of health services such as acute care, physician services, pharmaceuticals, extended health care, as well as long-term and home and community care (HCC).

Figure 3: Population 65 years and over, by Region, 2011 and projected 2036[15]



14 GNWT HSS. NWT Health Status Report. http://www.hss.gov.nt.ca/sites/default/files/nwt_health_status_report.pdf. August 2011.

15 HRSDC calculations based on Statistics Canada. Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (CANSIM Table 051-0001); and Statistics Canada. Projected population, by projection scenario, sex and age group as of July 1, Canada, provinces and territories, annual (CANSIM table 052-0005). Ottawa: Statistics Canada, 2011.

The Numbers

Table 1 reveals the age and gender composition of the NWT population 60 years and older.

Table 1: Age and Gender Composition of NWT Individuals 60 years and older, 2011[16]

Age Groups	NWT		
	Total	Male	Female
60 to 64 years	1,680	915	765
65 to 69 years	980	555	425
70 to 74 years	580	280	305
75 to 79 years	400	200	200
80 to 84 years	240	105	130
85 years and over	200	80	120
Total Population	**41,460**	**21,065**	**20,400**

Table 2 highlights the Elder composition in each of the NWT communities. As with the NWT population as a whole, the majority of individuals 60 years and older reside in the larger communities: Yellowknife, Hay River, Fort Smith, and Inuvik.

Table 2: Individuals aged 60 years or older by Community in the NWT[17]

Community	Total	60+	Community	Total	60+
Northwest Territories	43,349	4,616	Inuvik	3,321	337
Aklavik	628	77	Jean Marie River	71	x
Behchoko	2,174	166	Kakisa	54	x
Colville Lake	157	17	Lutselk'e	292	41
Déline	559	54	Nahanni Butte	104	14
Detah	260	27	Norman Wells	838	85
Enterprise	118	14	Paulatuk	329	41
Fort Good Hope	559	64	Sachs Harbour	127	18
Fort Liard	568	85	Trout Lake	100	x
Fort McPherson	808	136	Tsiigehtchic	128	21
Fort Providence	788	96	Tuktoyaktuk	954	96
Fort Resolution	497	67	Tulita	567	74
Fort Simpson	1,251	156	Ulukhaktok	479	52
Fort Smith	2,450	374	Wekweèti	141	12
Gamèti	320	36	Whati	519	48
Hay River	3,601	492	Wrigley	123	28
Hay River Reserve	341	49	Yellowknife	19,752	1,678

16 Source: Statistics Canada. 2011 Census Profile. http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CMA&Code1=995&Geo2=PR&Code2=61&Data=Count&SearchText=Yellowknife&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=995&TABID=1. Age at last birthday before May 10, 2011.

17 NWT Bureau of Statistics. NWT Community Population Estimates at July 1, 2012 by Community and Age. (Note: This information is suppressed, but is included in the NWT total: a) communities with a population of 50 or less; b) unorganized areas; c) cells with values of 10 or less; and, d) details for communities with population less than 100 persons.)

Our Elders

Health Status

The following section highlights findings presented in the 2011 NWT Health Status Report[18] for which age-specific information was provided.

Self-rated Health Status

- 70% of individuals 65-75 years reported their health status as good; this was lower than each of the other age cohorts.
- 55% of individuals 65 years and older rated their mental health as 'excellent' or 'very good'; compared to the other age groups, this is the lowest rating.
- 18% of individuals 65-75 years reported 'quite a lot' of life stress; compared to other age groups, this is highest stress level reported.
- 92% of individuals aged 65-75 years reported that they were 'satisfied' or 'very satisfied' with their life; this compares favourably with the other age cohorts.

Disease

- Approximately one in five individuals aged 60 years and older has been diagnosed with diabetes (60-74 years: 20.2%; 75+ years: 21.6%). Since the prevalence of diabetes increases with age, it is expected that with an aging population, the rates of diabetes in the NWT will continue to increase.
- 48% of individuals aged 65 years or older experienced high blood pressure; this rate is higher than all other age cohorts.
- The highest incidence of cancer in the NWT occurs in individuals 65 years of age or older – within this age cohort men have rates of 265.7 per 10,000 and women 176.3 per 10,000.
- 55% of individuals aged 65 years and older were diagnosed with arthritis and rheumatism; this is significantly higher than the other age groups.
- Individuals 60 years of age and older have incidence rates of tuberculosis (TB) (9.9 per 10,000) that are 3 to 14 times that of other age groups. Although the incidence rates of active tuberculosis are decreasing, Elders are still at higher risk of developing the disease than the other age cohorts. The transmission and activation of TB are associated with risk factors such as over-crowding, homelessness, smoking, substance abuse, malnutrition and chronic disease.

Hospitalizations

The following section highlights findings presented in the 2013 NWT Hospitalization Report[19] for which age-specific information was provided.

- On an annual basis, 306 seniors, 65-74 years, were hospitalized 397 times, resulting in 3,280 bed days at an estimated cost of $8.0 million.
    - For individuals 65-74 years, 70% of total hospitalization costs are spent on the following ailments: circulatory conditions (heart

18 GNWT HSS. NWT Health Status Report. August 2011.

19 GNWT HSS. NWT Hospitalization Report. http://www.hss.gov.nt.ca/sites/default/files/nwt-hospitalization-report.pdf. April 2013.

attacks, stroke), respiratory conditions (pneumonia, chronic pulmonary diseases), cancers (throat, colon, lung), injuries and poisonings, and digestive conditions (gallbladder, liver, intestinal).

- On an annual basis, 297 seniors, 75 years and older, were hospitalized 371 times, resulting in 3,581 bed days at an estimated cost of $7.8 million.
    - For individuals 75 years and older, 70% of total hospitalization costs are spent on the following ailments: circulatory conditions (heart attacks, stroke), injuries (falls accounted for 61% of costs associated with all injury hospitalizations) and poisonings, conditions (pneumonia, chronic pulmonary diseases), cancers (colon, lung, bladder), and mental health problems (dementia, alcohol and drug problems).

Home and Community Care Utilization

Table 3 highlights relevant HCC information presented in the 2013 GNWT DHSS *Continuing Care Review*[20]. The table indicates that a broad range of services and supports are available in the eight Health and Social Services Authorities (HSSAs) and that a number of individuals 60 years and older are not accessing available programming. However, from this data it is difficult to know what needs are not being met with current services and supports.

Table 3: Home and Community Care Services

HSSA	HCC Services!	60 Plus Population (2011)	Number of HCC Clients#
Beaufort-Delta	• Home management, personal care, equipment loans, caregiver support and education, Elder day programs, nursing care, meal services, transportation services, case assessment and coordination, in-home respite and palliative care. • Extended HCC services in Aklavik (12 hours per day Monday to Friday and 7.5 hours on weekends).	767	2010/11 - 335 2011/12 - 333 2012/13 - 351
Dehcho	• Home management, personal care, transportation services, medication delivery and compliance, translation services, assistance with participating in recreational and traditional activities, assistance with skills required for daily living, case assessment and coordination in-home respite and palliative care.	356	2010/11 - 279 2011/12 - 308 2012/13 - 320

20 MNP, GNWT HSS Continuing Care Review, November 2013.

Our Elders

HSSA	HCC Services!	60 Plus Population (2011)*	Number of HCC Clients#
Fort Smith	• Home management, personal care, meal services, nursing services, foot care, case assessment and coordination, care for acute post-hospital clients, and palliative care.	354	2010/11 - 119 2011/12 - 105 2012/13 - 121
Hay River	• Home management, personal care, nursing services, foot care, education, case assessment and coordination, care for post-hospital clients, in-home respite and palliative care.	510	2010/11 - 331 2011/12 - 278 2012/13 - 277
Sahtu	• Home management, personal care, nursing care, meal preparation, supportive services, case assessment and coordination, medication delivery/ administration, health promotion, care for acute post-hospital clients, translation services, foot care, Elder social programs, in-home respite care and palliative care.	240	2010/11 - 194 2011/12 - 151 2012/13 - 143
Tlicho	• Home management, personal care, nursing care, meal services, foot care, case assessment and coordination, rehabilitation services, in-home respite and palliative care.	227	2010/11 - 106 2011/12 - 67 2012/13 - 99
Yellowknife (Yellowknife, Dettah and N'Dilo)	• Home management, personal care, nursing care, meal services, case assessment and coordination, education, health promotion and prevention, medication management, care for acute post-hospital clients, foot care, shopping, rehabilitation services, enterostomal therapy, in-home respite and palliative care.	1,565	2010/11 - 553 2011/12 - 617 2012/13 - 708
Yellowknife (Fort Resolution and Lutsel K'e)	• Home management, personal care, nursing care, meal preparation, Elder's fitness program, cases assessment and coordination, in-home respite and palliative care.	109	2010/11 - 62 2011/12 - 62 2012/13 - 52

! Based on the 2012/13 FNIHCC contribution funding agreements for each HSSA.

*Based on data provided by the NWT Bureau of Statistics.

Based on data in the Health Suite Total Services Report for each HSSA in 2010/11, 2011/12 and 2012/13.

Impacts

The impacts of an aging population, and the potential benefits of taking an aging in place approach, are highlighted below.

Aging Population

The impacts associated with an aging population generally include:

- Increased Demands on Health Care System
  - A significant increase in the number of Canadians in the 80 plus age group by 2036 will likely contribute to increased demands on the system, since this age group tends to demonstrate higher levels of disease and thus increased levels of system access and use[21].
- Increased Health Care Costs
  - Statistics Canada data presented in the Caledon Institute of Social Policy's report on Population Aging, Health Care Spending and Sustainability, indicate that the average cost of health care per person in the 65-74 age class is more than three times that of the cost per person in the 25-44 age class. The average cost of health care per person in the 85+ age group was more than three times that of the average cost of health care per person in the 65-74 age class[22].
- Increased Demand for Health and Social Service Human Resources
- An increase in the demand for primary care, acute care, HCC and long-term care services would lead to an increase in the number of health and social service-professionals and other staff required to provide these services.
- Increased Housing and Infrastructure Needs
  - An aging population changes the pattern of housing needs, nature of services, and transportation requirements[23]. There is the potential for the need to build new facilities or significant renovations to existing facilities.

Aging in Place

Implementing strategies and new models of care aimed at keeping Elders out of hospitals and long-term care facilities and in their own homes is a cost-effective

21 Kellett, P. 2012. Rumours of the Canadian Health Care System's Inevitable Demise Due to Population Aging Have been Greatly Exaggerated: Probing the Demographic Assumptions Surrounding Canadian "Baby Boomers" Future Health Gender and Population Studies (GAPS). http://www.gapsinhealth.ca/pdfs/RumorsCanadianHCSDemiseExaggerated-Kellett2012.pdf

22 Ibid.

23 Dion, J.D. 2010. Impacts of the Aging Canadian Population on Housing and Communities. Canada Mortgage and Housing Corporation (CMHC). Partners in Aging Forum. Presentation. http://www.hivandrehab.ca/EN/documents/JoseeDionImpactsoftheAgingCanadianPopulationonHousingandCommunities.pdf

Impacts

strategy[24]. Aging in place has the potential to result in the following outcomes:

- Reduced need for new facilities or significant changes to existing facilities.
- Lessened impact on health care system through a strategy of prevention and healthy living.
- Increased health and social service integration.
- Improved quality of life for Elders and their families.
- Enhanced financial security for Elders through financial literacy, employment and financial support.
- Promotion of mental, emotional and spiritual well-being.
- Enhanced inter-generational relationships.
- Enhanced positive perception of aging.

Guiding Principles

The following principles are proposed to guide the development of programs to support seniors and Elders:

Choice – Knowing that one can make or be an active participant in making one's own choices

Respect and Dignity – Treating Elders in a manner that imparts value, importance and self-worth

Equity – Acknowledging and celebrating the unique characteristics of Elders

Awareness – Promoting community, regional and territorial programs and services aimed at keeping Elders in their homes and communities

Access – Access to culturally appropriate services and support; and, access to information that allows individuals to be knowledgeable and to make informed decisions about healthy options available for Elders

Safety – Safe, supportive and secure environments free of fear, exploitation and violence

Empowerment – Opportunities for Elders to continue to reach their full potential, with access to educational, cultural, spiritual and recreational resources; and, to continue to make a positive contribution in their communities

---

24 Born, K. and A. Laupacis. 2011. *Will the Aging Population Bankrupt our Health Care System?* Healthy Debate – Unbiased Facts. Informed Opinions. http://healthydebate.ca/2011/05/topic/cost-of-care/will-the-agingpopulation-bankrupt-our-health-care-system?utm_source=mailpress&utm_medium=email_link&utm_content=healthydebate_917&utm_campaign=2011-05-12T13:35:23+00:00

Priority Areas

The Aging in Place Strategic Framework identifies seven areas of action that will support Elders to remain in their homes and communities for as long as possible, and ensure they receive the best care possible in response to their needs.

1 Healthy and Active Aging

2 Home and Community Care Services

3 Integrated and Coordinated Service Delivery

4 Caregiver Supports

5 Elder Responsive Communities

6 Accessible and Current Information

7 Sustainable Best Practices

Areas for Future Action

Based on a review of best practices across Canada, recommendations from other reports, and most importantly, feedback from communities and front-line workers, we have identified the following areas for future action.

> *"...the right care, in the right place, at the right time."*[25]

We recognize that some of these actions will require partnerships with other GNWT Departments, with the communities, and with non-governmental organizations. However, by working together we can ensure the overall goal of our Elders receiving the best care and support possible.

1. **Healthy and Active Aging**

- Promote the knowledge, experience and wisdom of Elders through targeted communication campaigns.
- Address the unique needs of Elders with complex and multiple physical and mental health problems.
- Reduce the number of Elder injuries sustained through falls by developing falls prevention initiatives.
- Promote the benefits of healthy eating and physical activity in older age.

25 Alberta Health and Wellness. 2008. *Continuing Care Strategy – Aging in the Right Place.* http://www.health.alberta.ca/documents/Continuing-Care-Strategy-2008.pdf

Areas for Future Action

"Seniors have a range of care needs that cut across both health and social services. Ideally, one would like to have a system of care that is specifically targeted to meet this diverse set of needs..."[26]

- Promote the benefits of staying active in one's older age through civic engagement and continuous learning.
- Raise public awareness about the abuse and neglect of seniors.
- Improve community services aimed at assisting victims of Elder abuse.

2. Home and Community Care Services

- Offer equitable and consistent access to home care supports across the territory.
- Ensure staffing levels are adequate and consistent throughout the system.
- Provide a wider and more flexible range of home care and community support services based on each community's identified needs.
- Develop territory-wide delivery standards and consistent admissions processes based on a standardized, reliable and valid assessment.
- Collaborate with the NWT Housing Corporation to support the provision of affordable and supportive housing options that allow seniors to remain independent and age in their place of choice.
- Improve transportation options for Elders in small communities.
- Provide more culturally and language appropriate services and supports

3. Integrated and Coordinated Service Delivery

- Provide a person-centred approach to service and support delivery for Elders.
- Improve the integration of care with multi-disciplinary teams of health and social service professionals to work together in providing care to Elders.
- Advance the use of technologies that strengthen and support integration and enable Elders to remain in their home community.
- Improve communication between care providers and Elders and their families.
- Ensure smooth transitions between levels of care.

4. Caregiver Supports

- Support community-based programs aimed at assisting informal caregivers who participate in the care of Elders.

---

26 Parliament of Canada – The Special Senate Committee on Aging. 2007. Evidence. http://www.parl.gc.ca/Content/SEN/Committee/392/agei/45089-e.htm?comm_id=600&Language=E&Parl=39&Ses=2

Areas for Future Action

- Support education and training to assist community-based providers and professionals to achieve the levels of performance required for the position.
- Promote the awareness and uptake of programs aimed at mitigating the financial burdens placed on informal caregivers who participate in the care of Elders.
- Increase the level of respite care offered at the community level.
- Support the delivery of in-home palliative care services in communities outside of Yellowknife.
- Develop territory-wide standards for assessing respite patient and caregiver needs.
- Develop consistent standards and clinical practice guidelines for palliative care in the NWT.

5. Elder Responsive Communities

- Promote social inclusion and social connectedness of Elders with family, friends and community members.
- Increase opportunities for inter-generational activities.
- Encourage the development of age-friendly communities that support barrier-free access for Elders with disabilities or mobility issues.
- Promote community involvement for the support of Elders in the provision of services such as transportation, snow clearing and ensuring adequate fuel and water supplies.

6. Accessible and Current Information

- Improve the scope, reliability and timeliness of information available on service needs of Elders in the NWT and use that information to support evidence-based decision making.
- Support the development of a communication system that ensures seniors, their families and caregivers are aware of the range of program services and supports available within their community, region and the territory.
- Endorse the creation of plain language information materials that are culturally relevant and accessible to Elders.

7. Sustainable Best Practices

- Support the identification of sustainable best practices and policies at a territorial level that can support community level health and social service delivery with a focus on helping Elders stay healthy and remain at home longer.

"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age."[27]

27 World Health Organization. 2002. *Active Ageing: A Policy Framework*. http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf?ua=1

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE.

Tłı̨chǫ

ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

EDI GONDI DEHGÁH GOT'ĮE ZHATIÉ K'ÉÉ
EDATŁ'ÉH ENAHDDHĘ NIDE.

South Slavey

K'ÁHSHÓ GOT'ĮNE XƏDǾ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

ᑕᕐᔪᐊ ᑎᑎᖅᑲᓪᓚᑦ ᐱᓕᒪᔪᕐᓚᑦ ᐃᓄᖅᑎᑐᓕᖅᓯᒪᓂᖅ,
ᐅᓪᓗᑎᓐᓄᑦ ᐅᖃᓕᓴᕐᓇᖅᑐᑎᑦ

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

1-867-920-3367